



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 142037		2. Exact name of the limited liability company Piano Credit Company, LLC	
3. State of Formation OHIO		4. Brief description of the character of the business which is actually conducted in Rhode Island COMPANY PURCHASES RETAIL INSTALLMENT CONTRACTS FROM PIANO DEALERS	
5. Principal office address 655 Metro Place South, Ste. 720		City Dublin	State OH
		Zip 43017	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Peter Paras, Jr.		Contact Title Vice President	
Street Address 655 Metro Place South, Ste. 720		City Dublin	State OH
		Zip 43017	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Peter Paras, Jr.		Manager Name Andrew Kraus	
Street Address 655 Metro Place South Ste 720		Street Address 655 Metro Place South, Ste. 720	
City Dublin	State OH	City Dublin	State OH
Zip 43017		Zip 43017	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED

File Date **OCT 01 2007**

Check No. **1957**
By **MNC**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Peter Paras Jr. 9/5/07
Signature of Authorized Person Date

Peter Paras Jr.
Print or Type Name of Authorized Person